



# Iowa Rent Reimbursement Claim

**2007 to be filed in 2008**

Claimant's Last Name	First Name	Claimant's Social Security Number / /	Claimant's Birth Date / /	County Number _ _
Spouse's Last Name	First Name	Spouse's Social Security Number / /	Month / Day / Year	
Current Mailing Address	2007 Rental Address		Do not write in this space. ▲	
Apt #, Lot #, Suite#, PO Box	Apt #, Lot #, Suite#			
City, State, Zip Code	City, State, Zip Code			

**ANSWER THESE QUESTIONS TO DETERMINE ELIGIBILITY:**

	YES	NO
1. Did you file a Rent Reimbursement claim last year? _____	<input type="checkbox"/>	<input type="checkbox"/>
2a. Were you 65 or older 12/31/07? _____	<input type="checkbox"/>	<input type="checkbox"/>
2b. Were you totally disabled and 18 to 64 as of 12/31/07? <b>Attach Proof of Disability</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you a resident of Iowa during any part of 2007? _____	<input type="checkbox"/>	<input type="checkbox"/> ▲
4. Do you presently live in Iowa? _____	<input type="checkbox"/>	<input type="checkbox"/> ▲
5. Were you a resident of a nursing home or care facility during 2007? _____	<input type="checkbox"/>	<input type="checkbox"/> ▲

**COMPLETE THE WORKSHEET ON THE REVERSE SIDE**

Use Whole Dollars Only

6. Total household income from line K side 2 _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> ▲
7. Rental period in Iowa from _____ , 2007, to _____ , 2007	
8. Total rent paid in Iowa for 2007 _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> ▲
9. Allowable percentage _____	x . 2 3
10. Multiply line 8 by line 9 (CANNOT BE MORE THAN \$1,000) _____	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
11. Reimbursement rate from table on reverse side 2 _____	x <input type="text"/> . <input type="text"/> <input type="text"/>
12. This is your reimbursement (multiply line 10 by line 11) _____	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> ▲

**You must provide the following rental information:**

13. Name of apartment, nursing home or facility: \_\_\_\_\_

Landlord/Manager Name: \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

14. I declare under **penalty of perjury** that I have reviewed this claim and to the best of my knowledge and belief, it is true, correct and complete.

Claimant's Signature (or legal representative) _____	Date _____	Preparer's Signature (if different than claimant) ( ____ ) _____
Title of Legal Representative, if any ( ____ ) _____		Preparer's Telephone Number _____
Claimant's Telephone Number _____	<b>Review your claim for accuracy. Incomplete claims and errors will delay processing of your reimbursement check.</b>	

## Worksheet for line 6

## 2007 TOTAL YEARLY HOUSEHOLD INCOME

“Household income” includes the income of the claimant, the claimant’s spouse and monetary contributions received from other persons living with the claimant.

Use Whole DOLLARS Only

A. Wages, salaries, tips, etc. _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
B. Rent and utilities assistance _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
C. Title 19 Benefits for housing only (see instructions) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
D. Social Security income received in 2007 _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
E. Disability income for 2007 _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
F. All pensions and annuities from 2007 _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
G. Interest and dividend income from 2007 _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
H. Profit from business and/or farming and capital gains if less than zero, enter 0 (see instructions) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
I. Actual money received from others living with you in 2007 (see instructions) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
J. Other income (read instructions before making this entry) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
K. ADD amounts on lines A-J, enter here and on Line 6 Side 1 _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

**This is your total household income**

## REIMBURSEMENT RATE TABLE FOR LINE 11

If your total household income from Line K above is:

\$ 0.00	-	10,046.99 .....	enter 1.00 on Line 11, Side 1
10,047	-	11,228.99 .....	enter .85 on Line 11, Side 1
11,229	-	12,410.99 .....	enter .70 on Line 11, Side 1
12,411	-	14,774.99 .....	enter .50 on Line 11, Side 1
14,775	-	17,138.99 .....	enter .35 on Line 11, Side 1
17,139	-	19,502.99 .....	enter .25 on Line 11, Side 1
19,503 or greater		.....	no reimbursement allowed

**For assistance in completing this form, call 1-800-367-3388 or 515/281-3114.**

**Where’s my refund check?**

Call 1-800-572-3944 or 515/281-4966

You must provide claimant’s Social Security Number and date of birth when calling

**Mail this form to:**

IOWA DEPARTMENT OF REVENUE  
RENT REIMBURSEMENT PROCESSING  
PO Box 10459  
DES MOINES IA 50306-0459